

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 150
Registered No. 112

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1011 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Olvera { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No. in order of birth _____ 7. Date of birth Mch. 7-1924
Month Day Year

8. FATHER
Full name Alfred Olvera
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Espanza Quadias
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex.
11. Age at last birthday 23 (Years)

16. Color or race Mex.
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Prescott
(State or country) Arizona

18. Birthplace (city or place) Sonora
(State or country) Mex.

13. Occupation Truck driver
Nature of industry Swift Co.

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmic neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 12⁰⁵ A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byron M. Teron M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____

Address Miami, Arizona
Filed Mch 15 1924 C. E. Irwin
Registrar

461-307-582

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.